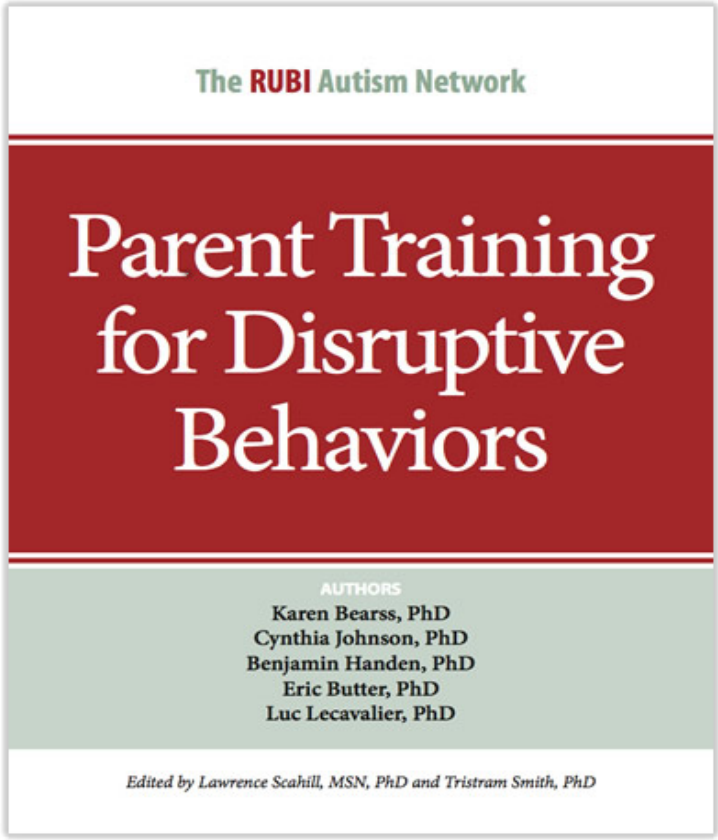
3. RUBI Parent Training Program

Sessions

Delivered individually to each child's parents

60- to 90-minute sessions in clinic

Components of sessions
- Therapist script
- Fidelity forms
- In-session activity sheets/ video vignettes
- Homework assignments (individually tailored)



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Key Parenting Skills
Forehand et al (2010), Behav Modif

1. Attending

Key Parenting Skills
Forehand et al (2010), Behav Modif

1. Attending

2. Ignoring

Key parenting skills

1. Attending
2. Ignoring
3. Rewarding (e.g., token systems)
4. Using time-out
5. Giving direction

Adaptation of PT for ASD

Added content

- Functional Behavioral Assessment
  - Antecedent-Behavior-Consequence (ABC) Model
  - ABC data collection by parents
- Prevention
  - Example—using visual schedules to help children anticipate transitions

Adaptation of PT for ASD (cont.)

Added content

- Functional Behavioral Assessment
  - Antecedent-Behavior-Consequence (ABC) Model
  - ABC data collection by parents
- Prevention
- Teaching skills

Added content for ASD

- Functional Behavioral Assessment
- Prevention
- Teaching skills
- Behavior Support Plan

Behavior Support Plan (BSP) Process

Introduced in first session

Updated at each subsequent PT session

- Builds over time
- Reminder of interventions introduced earlier

Serves as a final document of accomplishments, challenges, and solutions

- Finalized at last session
- Potential future strategies added as well

Components of the BSP

Categories

Describe each target behavior

Change Strategies

Content

Topography

Prevention

Reinforcers

Consequence

Teaching

Optional topics

Generalization

Future plans

TARGET PROBLEM BEHAVIORS: *definition of the behaviors we want to go away*	
Tantrums	yelling, screaming, sometimes with accompanying aggression or throwing/knocking over items
Noncompliance	Refusal to comply with directions when asked to perform certain tasks (e.g. morning/evening routine) or nonpreferred demands (e.g., clean up).

PERCEIVED FUNCTION(S): *the cause of target behaviors*	
Tantrums	To get what he wants (access to inappropriate snack) Escape when given a demand that he does not want to comply with Escalation to get attention (during planned ignoring)
Noncompliance	To get out of an unwanted activity (e.g. not sitting at the dinner table; clean up; morning/evening routine demand)

PREDICTORS/TRIGGERS FOR PROBLEM BEHAVIORS:
Situations that may cause the behaviors to occur more frequently

Transitions (from more to less preferred activities)

When limits are set (e.g., when told 'no')

When given a non-preferred demand

When Ben wants his mother's attention

DATA COLLECTION:
How to track progress of problem behaviors

- Use your ABC's to determine the function of the behavior:

ACRONYM	What it Stands For	Definition	Examples
A	Antecedent	Cue or trigger that occurs right before the behavior takes place	• Being told what to do • Not getting what you want • Not getting attention
B	Behavior	The target behavior that can be observed, counted, or timed.	• Hitting • Yelling • Talking Back • Whining
C	Consequence	What occurs right after the behavior; Can be positive or negative	• Time Out • Privilege Removal • Ignore • Reward • Hug/Praise

- To escape or 'get out of doing' demands
- To get attention
- To 'get what Ben wants'
- Because it's 'self-stimulatory'

2) Determine which behavioral strategy (or strategies) would make the most sense to target the ***function*** of the behavior

3) Create/use data tracking forms to track your implementation of the strategy and progress in terms of changes in Ben's behavior

RUBI PT Sessions

1. ABC Model	7. Compliance
2. Prevention	8. Functional Comm Training
3. Visual cues/schedules	9. Teaching Skills #1
Home Visit #1	10. Teaching Skills #2
4. Reinforcement #1	*Home Visit #2*
5. Reinforcement #2	11. Gen/maintenance
6. Planned Ignoring	*2 booster sessions + 2 optional sessions*

Session materials

Script for clinician with key objectives

Parent handouts and activity sheets

Videos

Forms for rating clinician fidelity, parent adherence

Behavior Support Plan

Clinicians must be fluent in using materials, able to talk naturally with parents, individualize

Case Example

3 year old boy with ASD

Highly educated parents who attended sessions together

Behaviors of most concern to parents:

- Hitting others at home and school
- Refusing to sit at table and feed himself during meals

Strengths: fluent reader

Challenges: high rates of restricted, repetitive behavior, avoidance of social interaction

Session 1

Learn ABC model

Homework: collect ABC data on hitting

Data indicated escape-maintained behavior

Session 2: Prevention Strategies

Avoid situations or People (don't go to movies or church)	-We never take our child to the movies, he can't sit that long. -We never take our child to church; he talks too loud and won't stay seated.
Do things in small doses (go shopping for less than an hour)	-When we go to my other son's basketball games, my husband takes our son for a walk after being in the gym for 15 minutes.
Change order of events (child must dress before TV)	-We used to let the kids watch TV while they eat. But they never seemed to finish and we kept yelling at them to eat. So now we have a rule, no TV until after dinner.
Respond to early signs of the problem (distract child or change demands)	-We can usually tell when our son can no longer sit in a restaurant. He starts to squirm and fidget. After a few more minutes, he may start screaming. As soon as we see him becoming antsy, we give him a picture book to look at. This distracts and calms him. After a few minutes, my husband will take him for a walk before he gets squirmy again.
Change how you ask or respond (don't say "no;" give choices)	-With our son, giving choices often lessens noncompliant behavior. For example, before bedtime we offer the choice between two books. Our son will choose one and then he usually cooperates with the bedtime routine.
Address Setting Events (sleep loss, illness, hunger)	-School staff reported that our son was becoming more irritable and aggressive between 11 am and noon every day at school. Since he gets on the school bus at 7am, we thought he might be hungry. We came up with a plan to give him a small snack around 10:30 am, and the problem has been eliminated.
Use Visual or Auditory Cues (pictures, lists, timers)	-Our son used to be cranky during transitions at home and school. His teacher gave him a picture schedule showing all the activities for the day. She had him check his schedule before each transition and bring the picture of the next activity with him as he makes the transition. This decreased the problem to from 3-4 times per day to 1-2 times per week.

Session 2

Chosen strategy: change order of events in morning routine

- Required to get dressed and brush teeth before going downstairs

Reportedly successful

Session 3: Visual Schedules

Chosen strategy: Strip of picture symbols for morning routine

Reportedly successful

Session 4: Reinforcement #1

Chosen strategy: “Catch the child being good” (praise the child for appropriate behavior)

Reportedly of little benefit—not included in the behavior support plan

Session 5: Reinforcement #2

Chosen strategy: Use TV as reinforcer for cooperating with nebulizer for asthma

Reportedly successful

Session 6: Planned Ignoring

Chosen strategy: Ignore protests about brushing teeth at bedtime

Reportedly of little benefit initially, combined with reinforcement in subsequent sessions, and then included in the behavior plan

Session 7: Compliance Compliance

- Move close to child
- Get child's attention
- Give brief, clear, specific request
- Physically guide
- Praise compliance

Session 7

Chosen strategy: Compliance commands for cleaning up after drawing

Reportedly successful

Session 8: Functional Communication Training

Chosen strategy: Use picture symbol to request break during nebulizer

Reportedly not used by child but associated with improved cooperation

Sessions 9-10: Teaching skills

Chosen skills: putting DVD in and playing it; using spoon to self-feed

Reportedly successful with DVD, less so with spoon

Session 11: Generalization

Chosen strategy: bringing visual schedule on visit to grandparents

Visit reportedly went smoothly

Case Outcome

Rated as “much improved”

Hitting almost eliminated at home and reduced at school

Improved compliance with requests to clean up, sit at table, etc.

But still not self-feeding

Case Example 2

5-year-old girl with ASD

Behaviors of most concern to parents: inappropriately approaching others in the community (e.g., anyone with a dog) and aggression toward dad

ABC assessment data: approaching others maintained by access to interesting things and social attention and aggression was mainly escape motivated. Aggression was most common during morning and bedtime routines.

Both parents attended parent training

Key Intervention Components

Pre-teaching and reinforcement of not approaching community members without asking

Planned Ignoring during nighttime routine (Ignoring the behavior but not the child)

Pre-teaching, reinforcement, and non-contingent breaks during morning routine

All implemented with standardized PT package

Case Example 2

4-year-old boy with Autism

Behaviors of most concern to parents: repeated questioning and sleeping in own bed

ABC assessment data: Showed that challenging behaviors were multiply maintained by attention, access to preferred items/activities, and escape from low preference activities .

Mom attended parent training

Key Intervention Components

Planned Ignoring of repetitive question asking (Ignoring the behavior but not the child)

Reinforcement of the absence of challenging behaviors (tantrums, non-compliance) and reinforcement of alternative behavior (e.g., asking a question one time or transitioning successfully

All implemented with standardized PT package

Common Characteristics of Children

Difficulities with transitions and/or things not meeting their expectations (e.g., not going to their favorite pizza shop; football not on TV)

Repetitive behaviors (both higher and lower order) commonly reported as antecedents to challenging behavior.

Several other common challenging behaviors: Non-compliance, screaming/yelling, mild aggression, sleep problems

Children typically did not display: self-injurious behavior, pica, rumination

Some Common Challenges

Varying levels of parent knowledge, resources

Discomfort with role plays

Inconsistent homework completion

- "I forgot the sheet"
- "I didn't have time"

Consistency with secondary/ other care givers

Child melts down or escalates behavior when new intervention is introduced

A new crisis each week

Overall Process

Principles		Promotes
Clinician guided	→	knowledge transfer
Family-centered	→	meaningful targets
Partnering	→	new skills
	↓	behavior change

Dissemination

Dissemination of manual, videos, and assessment tools through non-profit organization

- www.rubinetwork.org